

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <small>(Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).)</small>		Docket Number (Optional) MCA-705 US
Application Number 10/571,738		Filed MARCH 14, 2006
For MODULE FOR PURIFYING A FLUID CONTAINING A CLEANING AGENT, AND METHODS OF FABRIC		
An Unit 1714	Confirmation No.: 6947	Examiner Eric Wayne Golightly

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65 \$ 130.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245 \$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555 \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865 \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175 \$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 133577

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

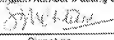
☐ assignee of record of the entire interest. See 37 CFR 3.71.

☐ Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 56,126

/SMEHTANI/  _____ Signature	December 28, 2010 _____ Date
Sapna Mehtani, Ph.D., J.D. _____ Typed or printed name	978-715-1086 _____ Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

☒ Total of _____ forms are submitted.

If you need assistance in completing the form, call 1-800-PTC-9199 and select option 2.